

1384

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 76..

Place of Birth Winkelman County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
Male					

I HEREBY CERTIFY that the child described herein
has been namedDATE OF BIRTH* March 7, 1912
(Month) (Day) (Year)Edward Brady
(Give name in full) (Surname)FULL* FATHER
NAME Robert L. BradyM. E. Gomez
(Physician's Signature)FULL* MOTHER
MAIDEN NAME Trinidad Lauro

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

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528-307-336